

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15085**  
13

FILED APR 21 1953

BIRTH NO. _____		REG. DIST. NO. <b>240</b>		PRIMARY REG. DIST. NO. <b>4357</b>		Registrar's No. <b>13</b>	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marston</b>				c. LENGTH OF STAY (In this place) <b>14 yr</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Second Street North</b>				e. STREET ADDRESS (If rural, give location) <b>Second Street North</b>			
3. NAME OF DECEASED (Type or Print) <b>MANUEL LITTLES</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>April 6, 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 11, 1914</b>	
9. AGE (In years last birthday) <b>38</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Newport, Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Alvie Littles</b>		13b. MOTHER'S MAIDEN NAME <b>Gertie Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Masil Littles</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-18-1728</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Masil Littles-Marston, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Side Cardiac Failure</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>acute indigestion</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 min</b> <b>3 hours</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>5442</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4-6</b> , 19 <b>53</b> , to <b>4-6</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4-6</b> , 19 <b>53</b> , and that death occurred at <b>3:30 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>James O. Cameron D.O.</b>				23b. ADDRESS <b>Box 158 Marston Mo</b>		23c. DATE SIGNED <b>4-10-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-11-53</b>		REGISTRAR'S SIGNATURE <b>N. J. Ponder</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. S. Smith</b> ADDRESS <b>Funeral Home Mo.</b>			

APR 27 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W. Denver Fike*

Licensed Embalmer No. *4484*

P. O. Address *Cantharville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.